U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended: Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

E COOP READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
1. File Number U - 2/0/4	2. Fiscal Year Covered From.		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name _ARRY DIAS	Name TEAMSTERS UNION LOCAL NO. 70		
	Labor Organization File Number 010-997		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1047 MONTCLAIR COURT	Street 70 HEGENBERGER ROAD		
City LIVERMORE	City OAKLAND		
State California ZIP Ccde + 4 94550	State California ZIP Code + 4 94621		
5. Position in labor organization. BUSINESS REPRESENTATIVE			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose emp oyees your organization.		
6. Name and address of Employer (including trade name, if any)	7.a. Nature of Interest, Transaction, or Income.	
Name WASTE MANAGEMENT	LUNCH - MAY 2004 SEE ATTACHED. FRANCESCO'S	
Trade Name, if any:	8520 PARDEE DRIVE OAKLAND, CA 94621	
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street 172 98TH AVENUE		
City OAKLAND	\$25	
State California ZIP Code + 4 94621		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

On 2/12/05 5/0 -568-54 Date Telephone Number

7.a. WASTE MANAGEMENT

In performance of his cuties as a business representative the person identified in item 3 from time to time transacts business over breakfast. Iunch or dinner with representatives of the employers for the bargaining units assigned to him by the labor organization listed in item 4. The amount entered in 7.b. is the estimated value of the expenditures made by the employers identified in item 6 on his behalf for such food and beverages on or about May 2004. This estimate is based on memory and inquiries.

arme of Person Filing LARRY DIAS		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, seling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name EAST BAY DRAYAGE DRIVERS TRUST FUND	a. Labor Organiza	tion		
Trade Name, if any:	b. Trust c. Employer			
P.O. Box, Bldg., Room No., if any p.o. box 4326				
Street 1333 Willow Pass Road Oncord				
State California ZIP Code + 4 94524-4026				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Health and Welfare	Administration		
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street	11.b. Approximate dollar val	ue of such dealing.		
City	12.a. Nature of interest he	a or income received.		
State ZIP Code + 4	Lodging, travel, r See Attached.	wals and registration fees.		
	12.b Amount.	\$3,283		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

12.a. EAST BAY DRAYAGE DRIVERS TRUST FUND

The person identified in item 3 is a Union Trustee on the Board of Trustees of the entity identified in item 8 which is a jointly administered health trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). The amount entered in item 12.b. represents (1) reimbursement of transportation, lodging, food and beverage, and incidental expenses incurred by the Union Trustee in connection with his attendance of quarterly meetings of the Board of Trustees and periodic Trustee Committees of the Trust Fund or otherwise in connection with the performance of his duties as a Union Trustee, and (2) the estimated value of food and beverages provided or made available to him by the Trust Fund at such meetings or food and beverages in connection with such meetings that were paid for by others who received reimbursement from the Trust Fund for such food and beverage expenditures. The quarterly meetings referenced above occurred on or about: May 19 - 21, June 13 - 16, September 29 - October 1. This estimate is based on information requested from the Trust Fund's third party administrator and a business calendar for appointments and meetings in 2004.